|            | use through | 32        | PTO/SE | 1/83 (03-       | 0  |
|------------|-------------|-----------|--------|-----------------|----|
| proved for | use through | 10/31/200 | 2. OMB | <b>Q</b> 651-00 | )3 |
|            |             | -7        |        | $\overline{}$   | _  |

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT



|                        | Approved for use through 10/3/12002: OME 1031-003. |  |  |  |
|------------------------|--|--|--|--|
| Application Number     | 09/02,112  |  |  |  |
| Filing Date            | 08/28/01   |  |  |  |
| First Named Inventor   | Thomas Marshall                                    |  |  |  |
| Group Art Unit         | 3632   |  |  |  |
| Examiner Name          |  |  |  |  |
| Attorney Docket Number | 1136.ACT2.NP                                       |  |  |  |

To: Commissioner for Patents

P.O. Box 1450

Name

Date

Signature

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Alexandria, VA 22313-1450

We hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

## **Applicant's Request**

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MAY 1 6 2003

| 1.  |  | The corresp     | condence address is NOT affected by this withdrawal. GROUP 3600 |       |    |          |            |  |  |  |
|---|--|-----------------|---|-------|----|----------|------------|--|--|--|
| 2.  | Change the correspondence address and direct all future correspondence to :                    |                 |   |       |    |          |            |  |  |  |
| CORRESPONDENCE ADDRESS  |  |                 |   |       |    |          |            |  |  |  |
|   | Custom   | er Number       | <b>→</b>  | •     |    |          |            |  |  |  |
| OR  | OR Place Customer Number Bar Code Label Here   |                 |   |       |    |          |            |  |  |  |
| ⊠   | Firm o   | or<br>dual Name | Randall B. Bateman  |       |    |          |            |  |  |  |
| Add   | ddress P.O. BOX 1319   |                 |   |       |    |          |            |  |  |  |
| Address   |  |                 |   |       |    |          |            |  |  |  |
| City  |  |                 | SALT LAKE CITY  | State | UT | Zip Code | 84110-1319 |  |  |  |
| Col   | untry USA  |                 |   |       |    |          |            |  |  |  |
| Telephone   |  |                 |   | Fax   |    | -        |            |  |  |  |
| ×   |  |                 |   |       |    |          |            |  |  |  |
|   | $\square$ the attorneys/agents (with registration numbers) listed on the attached paper(s), or |                 |   |       |    |          |            |  |  |  |
|   | ☐ The attorneys/agents associated with Customer Number   |                 |   |       |    |          |            |  |  |  |
| This request is enclosed in triplicate (including any attachments). |  |                 |   |       |    |          |            |  |  |  |